



## Statement of Organization CANDIDATE COMMITTEE

\*Please read instructions before completing this form.

Type of Statement							
<input type="checkbox"/> NEW  This committee is registering with the Virginia State Board of Elections for the first time.	<input type="checkbox"/> AMENDED  This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">Date Changes Took Effect</td> <td style="width: 50%; padding: 2px;">SBE-issued Committee ID</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>			Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID						
Committee Information							
Committee Information	<div style="font-family: cursive; font-size: 1.2em;">RON Gillispie for Sheriff</div>						
	Name of Candidate Campaign Committee						
	<div style="font-family: cursive; font-size: 1.2em;">110 KINGS DRIVE</div>						
	Street Address/PO Box	Suite #					
	<div style="font-family: cursive; font-size: 1.2em;">LYNCHBURG</div>	<div style="font-family: cursive; font-size: 1.2em;">VA 24501</div>					
	City	State	Zip Code				
<div style="font-family: cursive; font-size: 1.2em;">rgillispie@lynchburgva.gov</div>		<div style="font-family: cursive; font-size: 1.2em;">(434) 847-1301</div>					
Email Address		Daytime Phone #					
<div style="font-family: cursive; font-size: 1.2em;">N/A</div>							
Campaign Website							
Candidate Information							
Candidate Information	<div style="font-family: cursive; font-size: 1.2em;">Gillispie      Ronald      Lee</div>						
	Salutation	Last Name	First Name	Middle Name	Suffix		
	<div style="font-family: cursive; font-size: 1.2em;">110 Kings Drive</div>						
	Residence Address			Apt #			
	<div style="font-family: cursive; font-size: 1.2em;">Lynchburg</div>			<div style="font-family: cursive; font-size: 1.2em;">VA 24501</div>			
	City			State		Zip Code	
	<div style="font-family: cursive; font-size: 1.2em;">Lynchburg</div>			<div style="font-family: cursive; font-size: 1.2em;">90700 9555</div>			
	County or City of Residence			Voter Identification #			
<div style="font-family: cursive; font-size: 1.2em;">RGillispie@lynchburgva.gov</div>			<div style="font-family: cursive; font-size: 1.2em;">434-847-1301</div>				
Email Address			Daytime Phone #				
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.							
Election Information							
Election Information	<div style="font-family: cursive; font-size: 1.2em;">SHERIFF</div>						
	Office Sought		District (if one)				
	<div style="font-family: cursive; font-size: 1.2em;">Republican</div>		<div style="font-family: cursive; font-size: 1.2em;">2013</div>				
Political Party		Year of Election		<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special			
		Type of Election					



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Treasurer Information					
<b>Treasurer Information</b>	<div style="display: flex; justify-content: space-around; font-size: 1.2em;"> <span>SLOAN</span> <span>DONALD</span> <span>TALMON</span> </div>				
	Salutation	Last Name	First Name	Middle Name	Suffix
	134 FARLEY BRANCH DRIVE				
	Residence Address		Apt #		
	LYNCHBURG		VA 24502		
	City	State	Zip Code		
	LYNCHBURG		204004818		
County or City of Residence			Voter Identification #		
dtsloan@liberty.edu			(434) 237-2665		
Email Address			Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
Bank of the James			N/A		
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)		
Lynchburg VA 24504					
City	State	City	State		
Committee Activity					
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:		8/1/01		
	Date first expenditure made:		8/27/01		
	Date campaign depository designated:		8/1/01		
	Date filing fee paid for party nomination:		6/1/01		
	Date Statement of Qualification filed:		1/23/01		
	Date treasurer appointed:		3/30/01 - John Ferguson		

(continued on next page)



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Filing Method	
<b>Filing Method</b>	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input type="checkbox"/> File electronically using <b>SBE's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>SBE Approved Vendor</b> (Please indicate Name of Vendor: ) _____</p> <p><input checked="" type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> <p>Signature</p> </div> <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> <p>Date</p> </div> </div>
Signatures	
<b>Candidate's Signature</b>	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> <p>Candidate's Signature</p> </div> <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> <p>Date</p> </div> </div>
<b>Treasurer's Signature</b>	<p><b>I accept the appointment of Treasurer of this campaign committee.</b> I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> <p>Treasurer's Signature</p> </div> <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> <p>Date</p> </div> </div>